

Health Care FSA Worksheet

Estimating your health care expenses

* Enter your health care expenses for the last 12 months.

* Enter your known or expected expenses for the next 12 months.

Eligible Expenses	Expenses Incurred in 2003	Expected Expenses for 2004
Health Care Expenses:		
Deductibles	\$	\$
Coinsurance	\$	\$
Copayments	\$	\$
Amounts above plan limits	\$	\$
Other health care expenses not reimbursed by your medical	\$	\$
Dental Expenses:		
Deductibles, copayments	\$	\$
Coinsurance	\$	\$
Other dental expenses not reimbursed by your dental plan	\$	\$
Vision & Hearing Expenses (above plan maximums):		
Eye exams	\$	\$
Corrective contact lenses	\$	\$
Prescription eyeglasses	\$	\$
Hearing exams	\$	\$
Hearing aids or devices	\$	\$
TOTAL EXPENSES	\$	\$
Divided by 12 months	\$	\$
2004 Monthly Contribution		\$